

Disenfranchised

Grief

**New Directions,
Challenges,
and Strategies
for Practice**

Kenneth J. Doka / Editor

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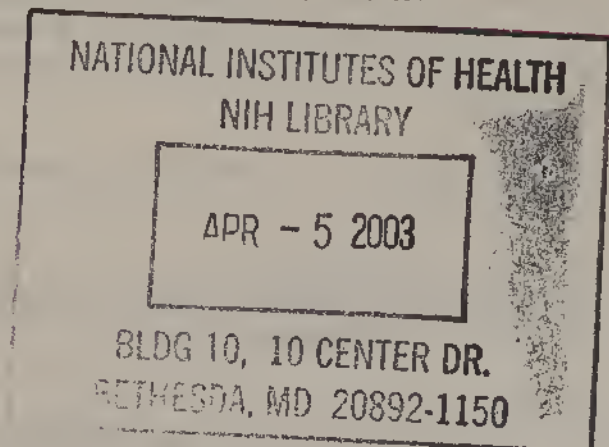


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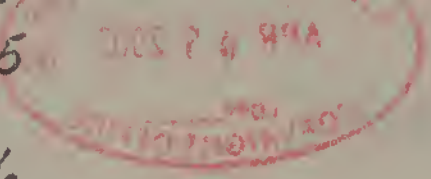
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*To Therese A. Rando, Ph.D.—
A treasured colleague, an even better friend*

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Foreword

It occurred more than two decades ago, but I will never forget the incident. I had been asked to counsel both faculty and pupils because of a car accident that killed three high school students. I noticed that the school psychologist appeared especially crestfallen and in need of special attention. I still recall his words when we were alone. He said, "I feel terrible because of the tragedy. But to be brutally candid, my pain is mostly because my dog was just run over and died." He paused. "What kind of person can I be if I grieve more for an animal than a human being?"

So often I am asked, "What is the greatest loss—the death of a child, a parent, a spouse, a sibling, or what?" Thanks to Dr. Kenneth J. Doka, I now have the answer to "What's the worst loss?" It's when it happens to *you*, *whatever* the circumstances or relationship. In other words, each loss must be recognized and validated.

In 1987, when Ken Doka advanced the groundbreaking concept of disenfranchised grief, he revolutionized the field of thanatology. We were better able to understand the complexities and individuality of each loss, especially for those bereaved whose experiences were neglected, unacknowledged, unexpressed, avoided by others, not legitimized, or not accorded the normal need to grieve. Thanks to Ken, the term *disenfranchised grief* has become part of our therapeutic conversation.

No one is more ably equipped to inspire and guide us than Dr. Doka. He has become mentor to legions in the areas of aging, dying, and death. His clear mind and judicious perspectives have made him one of the most sought-after speakers. Wherever he has sown his talents, his listeners and readers have reaped the rewards of his vast intellect and compelling power of communication. He has the generous capacity for making connections across the lines of sociology, psychology, medicine, gerontology, anthropology, and education. To read or hear him is like witnessing a trapeze artist who lets go of one rope and gracefully takes hold of another.

There is a Hebrew expression that best describes *Disenfranchised Grief: New Directions, Challenges, and Strategies for Practice*. It is *kol bol*. It means "complete," "thorough," "comprehensive." This volume is a complete, thorough, comprehensive treasure chest of creative contributions by leaders in their fields. They instruct us with theoretical overviews of

the concept of disenfranchised grief and offer valuable intervention techniques and innovative practical illustrations.

A word of caution: The book is not a novel that may be digested at one sitting. You may select those chapters that may be of particular interest to you. To name but a few, it could be a chapter on disenfranchised grief expressed by ex-spouses, the breakup of a romance, grieving employees in the workplace, individuals with disabilities, stigmatized deaths such as AIDS and suicide, or the losses felt by children who may be in foster care or adopted. You might be interested in the caregivers' own disenfranchised grief, whether they be health care professionals, clergy, educators, or others. You will learn how to validate the brokenhearted through the enfranchisement of support groups, death education courses, the therapeutic utilization of rituals, and the advancement of social policy. You can then look to the other chapters to challenge your thinking and expand your horizons.

One final thought: In Ken's acknowledgments, he mentions that I was one of his early mentors. I can only recall the words in the sacred text *The Ethics of Our Fathers*: "Much have I learned from my teachers, but more have I learned from my students." Ken is not only my dear friend and colleague; he has become my *rabbi*, my *teacher*. Because of him, survivors of *all types* of loss will receive the powerful support they so desperately need.

RABBI EARL A. GROLLMAN

Preface

In the movie *Torch Song Trilogy*, there is a dramatic scene in which Arnold, the gay protagonist, raises the ire of his widowed mother by saying kaddish for his lost companion. "How," she demands, "can you compare your loss to mine?"

This scene is enacted countless times each day, as people experience the deep loss of someone they love. In some cases, it may be the loss of a lover, homosexual or heterosexual. In others it may be the loss of an ex-spouse, colleague, coworker, or friend. Sometimes the loss is through divorce or breakup, or through the experience of significant change in the other. Sometimes the loss may even be that of a pet.

In each of these situations a person has experienced the loss of a meaningful and significant attachment. And in each situation this loss may not be recognized or validated by others. The grief subsequently experienced is then disenfranchised: The loss cannot be openly acknowledged, socially validated, or publicly mourned. This book explores the many dimensions of the phenomenon of disenfranchised grief—its underlying theory, manifestations, and interventions that can assist disenfranchised grievers.

There is both an intersocial and an intrapsychic aspect of disenfranchised grief. Disenfranchisement can occur when a society inhibits grief by establishing "grieving norms" that deny grief to persons deemed to have insignificant losses, insignificant relationships, or an insignificant capacity to grieve. Something in the grief context inhibits interaction, creating silence (see Kuhn, chapter 7) or an empathic failure inhibiting support (see Neimeyer and Jordan, chapter 6). But, as Kauffman (chapter 4) points out, there is an intrapsychic dimension as well. The bereaved may experience a deep sense of shame about the relationship, perhaps reflecting social norms. It is not just others who disenfranchise grief.

The concept of disenfranchised grief is also particularly well suited to more complex societies. In less complex societies, deaths are marked communally, providing the opportunity for all members to express and experience grief. In more complex societies, funeral rituals are no longer communal but familial, and, as a result, the right to express grief is limited to those in recognized kin roles. The grief of others is disenfranchised.

As I write this preface, the United States has recently experienced the terror attacks of September 11, 2001. Although it is far too soon to

draw any substantive conclusions about the long-term implications of these attacks on the grief of survivors, it seems that despite high levels of support and immediate intervention, there are likely to be many persons whose grief will be disenfranchised. This list includes police and firefighters who lost colleagues, as well as others within and outside the World Trade Center, the hijacked planes, the Pentagon, and the field in Pennsylvania who experienced the deaths of friends, neighbors, coworkers, and even adult children and siblings. In addition, the nation as a whole may experience both a sense of trauma and a collective grief for a world and nation now very different.

The chapters in this book now reflect 15 years of developing and exploring the concept of disenfranchised grief. In my work, the origins of the concept go back to a paper I presented in 1984 that compared the grief experienced by ex-spouses with that of homosexual and heterosexual lovers. After that last presentation, others began to talk of the similarity between those losses and other losses they had experienced personally and professionally. In each case, the common denominator was the inability of the grievers to receive social support and validation.

Since the publication of *Disenfranchised Grief: Recognizing Hidden Sorrow* (Doka, 1989), the concept has gained a conceptual life of its own. It has been applied to a range of losses wider than I initially considered, encompassing experiences such as growing up in a dysfunctional home to going away to college to collective losses such as the demise of community as small-town populations decline with migration or fall victim to traumatic events such as floods. Disenfranchised grief has been a theme in conferences around the world, including the United States, Canada, Greece, and Australia. In the past 13 years, I have learned much about disenfranchised grief. And the concept has clearly touched people on a personal level. One of the most gratifying experiences in writing this book has been the occasional letters from readers who found power in the concept. As one mother put it, it "named" her grief, validating her feelings and easing her isolation. Her loss was a psychosocial one: Her son lost his leg in a car crash. The driver died. Everyone commented on how lucky she was. Even the crash was considered fortunate in that it "matured" her son. He was no longer the happy-go-lucky, reckless adolescent of before. He was more serious. He was determined. Even his grades sharply improved. As much as she recognized and appreciated the changes, she also missed that full-of-fun boy who had so often infuriated her. She now had a name for her grief.

So did another person, who wrote anonymously. He assisted in a suicide, freeing a loved one of pain. But that event, too, had to be kept secret. He could not fully share his loss or safely explore its dimensions with others. That individual asked that his pain be named, too, offering

the letter for my use in any subsequent work. I have included that letter in chapter 1. Others prodded and explored the concept, offering new explanations, critiquing at times, expanding ideas. I learned from them as well.

This book reflects a continuing journey in the understanding of disenfranchised grief. It is offered not simply as a newer edition of a prior work but as a different book entirely—one that reflects the expansion, applications, and criticisms offered since the publication of the first volume. The authors of the chapters in this book explore not only what the concept of disenfranchised grief means, but also how we can go beyond helping disenfranchised grievers name their grief to offering them clinical interventions that do more than simply recognize their hidden sorrow.

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Acknowledgments

Disenfranchised Grief: Recognizing Hidden Sorrow was my first book, published in 1989. As I reread the acknowledgments in that book, I was struck by how many individuals I wanted to acknowledge there—all gifted teachers (one in sixth grade), valued mentors, or treasured colleagues.

It would seem wrong not to acknowledge them one more time. Teachers such as Rosita Augusta, Ed Lipton, Ted Westerman, Eva Kahana, Clem Mihanovich, Tom McPartland, Bill Monahan, and Zev Harel enriched my education. In my years in the field, I have had gifted mentors such as Bob Kastenbaum, Bill Lamers, Gene Knott, Hannelore Wass, Dan Levitan, Sandra Bertman, Phyllis Silverman, and Robert Fulton. They continue to guide my studies and shape my career, as does Earl Grollman, who contributed not only the foreword to this book but also advice, warmth, and wisdom.

And I have been blessed with treasured colleagues. I already have dedicated the book to Therese A. Rando. I could write a book about her personal and professional assistance. It comes down to this: Simply, she has always been there.

So have other colleagues. For that reason, two professional associations—the Association for Death Education and Counseling and the International Work Group on Dying, Death, and Bereavement—have conferences that are as much reunion as professional gathering. Although there are so many I could and should acknowledge, so many whose work has stimulated me and whose friendship supports me, it is dangerous to name but a few. I will take that chance, though. My criterion is simple. Rather than name all those whom I admire or love, I will simply acknowledge the special people who, over dinner, I seek out to reflect on and share special life moments. These include Catherine Sanders, Van Pine, Dana Cable, Terry Martin, Sherry Schlacter, Neile Heflin-Wells, Jane Nichols, Lu Redmond, Charles and Donna Corr, Robert Neimeyer, Patricia Murphy, William Worden, Tom Attig, Betty Davies, Richard Ellis, Robert Bendiksen, Dana Papadatou, Britt Hysing-Dahl, Isa Jaramillo, and Ron Barrett.

I also want to acknowledge colleagues at work. The College of New Rochelle is a wonderfully supportive environment. President Stephen J. Sweeny, administrators such as Joan Bailey and Laura Ellis, and colleagues like Jim Magee, Susan Baum, and Claire Lavin make it so. So do support staff such as Rosemary Strobel, Vera Mezzaucella,

and my student assistant, Susan McVicker. I also wish to acknowledge the faculty fund for its support.

My work has been enriched as well by my associations, as senior consultant, with the Hospice Foundation of America. I need to acknowledge the help and friendship of various past, present, and occasional colleagues there, including Cokie Roberts, Jack Gordon, Myra MacPherson, Dave Abrams, Judith Rensberger, Lisa McGahery Veglahn (and, of course, Dan and Robert Veglahn), Chris Procunier, Michon Lartique, Jon Radulovic, and Sophie Viteri-Berman.

In the past 13 years, I have come to appreciate even more the gift of family and friends. In these years my son, Michael, has grown from adolescence to adulthood. I certainly appreciate that! I admire the adult he has become. And I am delighted in the woman, Angelina, he plans to marry. My godson, Keith, has moved from toddler to adolescent. I am proud of him, too. And I delight in my association with his family—Linda, Russell, Ryan, and Pat.

My friends and family are a great joy to me. With the death of my parents in that 13-year interim, I appreciate even more my brother, Frank, my sister, Dot, and their spouses, children, and grandchildren. As a person who has studied grief and loss, I am well aware of how families can fracture at this time. We've become closer. Friends, too, like Kathy, Rick, Paul, and Margot; Don and Carol; Terry and Herb; and Jim and Mary enrich my life. And increased travel has given me an opportunity to rekindle friendships with my geographically distant cousins—David, Teena, Matthew, and Jeffrey.

Finally, I would like to thank all who made this book a reality—Ann Wendel, Karen Steiner, and the staff at Research Press; all the authors who have contributed their chapters and insights; and Earl, of course, for his kind foreword. And I need to thank as well all those who have contributed their stories and shared their grief. They remain my teachers.

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SECTION I

Theoretical Overview

Perhaps one of the signs that a concept has vitality is that, once offered, it continues to develop and expand in ways different from those originally proposed. That has been one of the most gratifying aspects of developing the concept of disenfranchised grief. Like a proud parent, I have watched it grow in its own direction, unencumbered by the limits of my initial vision. The chapters in this section attempt to accomplish two tasks. First, they attempt to delineate the concept of disenfranchised grief, at least at this point in its development. Second, in doing so, these chapters demonstrate how the concept has developed over the past decade.

In chapter 1, I expand considerably on the concept from the time of its initial development. First, the chapter expands upon an earlier notion that "grief rules" are a subset of "feeling rules" (see Hochschild, 1979). Now the concept is expanded to remind readers that the "grief" of grieving rules frames not only feelings but also other domains of human experience such as behavior, cognition, and spirituality. Second, the chapter develops the question, at least from a sociological perspective, of why grief is disenfranchised. I propose that the answer is tied to the primacy of the family unit, the rationality of the workplace, the ways that rite and right to grief become linked, the culture of counseling, and issues of social embarrassment and anxiety. Finally, the chapter expands on the original three contexts of disenfranchised grief (lack of recognition of the relationship, lack of acknowledgment of the loss, and exclusion of the griever), adding a fourth and fifth context: disenfranchising death and the ways an individual grieves (based on newer work on cultural differences; Doka & Davidson, 1998) and styles of grief (Martin & Doka, 1999).

Sarah Brabant, in chapter 2, elaborates on the concept of "grieving rules," finding in that concept a distinctly sociological perspective or paradigm of grief. Brabant's analysis allows her to offer fruitful future areas of inquiry, such as applying the concept of grieving rules to related concepts such as anomie and deviance.

In chapter 3, Charles A. Corr also seeks to expand or, as he likes to say, enhance the concept of disenfranchised grief. Corr is a long-time colleague and friend, and our differing approaches to issues interests me. Our work and concerns often converge, yet our methods differ. If I were to describe those differences, I would say that I approach topics empirically and inductively, building categories and

typologies as new research unfolds. Corr, a philosopher by training, approaches matters deductively, logically developing categories from philosophical presupposition. His chapter begins with the question, What is disenfranchised in grief? Corr determines that bereavement and grief—as well as the intrapsychic, interpsychic, and outcomes of mourning—all may be disenfranchised. In doing so, Corr reminds us that any, even all, losses may have disenfranchising elements.

Jeffrey Kauffman contributes chapter 4, titled “The Psychology of Disenfranchised Grief: Liberation, Shame, and Self-Disenfranchisement.” In this chapter Kauffman expands on earlier work in at least two significant ways. First, he explores the dimensions of disenfranchised grief as a psychological as well as a sociological concept. To Kauffman, disenfranchisement is rooted in a psychological tendency to disavow one’s grief. Second, Kauffman radically expands his earlier concept of the intrapsychic dimension of disenfranchised grief (see Kauffman, 1989). At that time, Kauffman saw that sometimes guilt or shame would cause one to disenfranchise one’s own grief. For example, an elderly woman might see it as shameful to grieve an animal’s death, whereas a nurse might view it as unprofessional to grieve the loss of a patient. In both cases, the person has self-disenfranchised grief. But now Kauffman looks at guilt and shame as causing just one form, a self-initiated form, of self-disenfranchisement. Kauffman also expands the idea that self is always intricately involved in disenfranchised grief. If it were not, grief could never truly be disenfranchised.

Gordon Thornton and Mary Lou Zanich’s chapter (chapter 5) on empirical assessment of disenfranchised grief completes this section. Another measure of the utility of a concept is its heuristic value, evidenced, at least in part, by the research it generates. Thornton and Zanich and their associates have had important roles in this research, generating a great deal of it. Their research, as well as the research of others reviewed here, offers clear evidence for the existence of grieving rules that do, in fact, differentiate support on the basis of the nature of the relationship, the griever, or the loss. Thornton and Zanich note that research in the field, delineating both different types of losses and the extent and nature of disenfranchisement in these losses, is critical because it can sensitize mental health professionals and others, such as teachers and clients, to losses experienced but unacknowledged. Naturally, the authors conclude with a plea to broaden research in the area, noting that not to do so is in itself disenfranchising.

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CHAPTER 1

Introduction

Kenneth J. Doka

Tom's longstanding lover, Paul, dies. Paul's family arranges the funeral. Though Tom is acknowledged as a "friend," he has little role in the funeral. He has to take vacation days from work to attend it.

Ethel's dog dies. Her adult daughter wonders if her constant tears and other displays of grief are evidence of senility.

Rory is a young man with substantial developmental disabilities. His siblings debate whether or not to share the information that his father has died. There is no debate, however, about the fact that they all believe he should not attend the funeral.

Neighbors are uncertain about how to respond to the impending death of the Anders's son. Normally, they send a flower arrangement and collect money for the family. But the Anders's son is to be executed on Thursday. They are torn about whether and how to acknowledge the loss.

Cindy responded to the death of her husband, Bob, by plunging into running the family business. Family and friends are appalled by her lack of emotion. Some feel she is heading for an emotional collapse. Others feel that Cindy is simply cold and unfeeling.

In all of these cases, someone has experienced a loss, but the grief experienced has been disenfranchised—that is, the survivors are not accorded a "right to grieve." That right to grieve may not be accorded for many reasons, such as the ways a person grieves, the nature of the loss, or the nature of the relationship. So, although the person experiences grief, that grief is not openly acknowledged, socially validated, or publicly observed.

The concept of disenfranchised grief integrates psychological, biological, and sociological perspectives on grief and loss. Since the middle of the 20th century, there has been considerable research about the psychological, biological, and physiological responses to loss (e.g., Bowlby, 1980; Lindemann, 1944; Parkes & Weiss, 1983). This research has demonstrated the myriad affective, physical, cognitive, behavioral, and spiritual ways grief is manifested.

Yet the social aspect of grief often is neglected. Although an individual may have an intense and multifaceted reaction to loss, that loss and the ensuing responses may be unacknowledged by surrounding others or by society at large. Although the individual grieves, others do not acknowledge that the individual has a right to grieve. The person is not offered the "rights" or the "grieving role" that would lay claim to social sympathy and support or given such compensations as time off from work or diminishment of social responsibilities.

To understand the social aspect of grief, it is important to remember that every society has norms that govern not only behavior but also affect and cognition. Hochschild (1979), for example, speaks of "feeling rules," or norms that govern what individuals are supposed to feel in a given situation. Statements such as "I know I should not feel guilty" or "I have every right to feel angry" bear testimony to the reality of these feeling rules. These statements justify feelings on the basis of shared understandings of what feelings are to be expected in a given social context. Similarly, "thinking rules" govern how one is supposed to think in a given situation. Again, statements such as "How can you think like that?" imply that an individual's cognitions are outside the role of social acceptability or the realm of logic and reason. In addition, there are "spiritual rules." These rules tell us what to believe. For example, in some religions one might be expected to believe that expressions of grief are inappropriate because the deceased has entered a wonderful afterlife. In a religiously pluralistic society, these shared understandings of loss as God's will or as an entry to an afterlife may not be widely shared but are privately held or expressed. As private, they may lack the comfort that is offered when such meanings are shared.

Every society has norms that frame grieving. These norms include not only expected behaviors but also norms for feeling, thinking, and spiritual expression. In other words, when a loss occurs, these grieving rules include not only how one is to behave but also how one is to feel and think. They govern what losses one grieves, how one grieves them, who legitimately can grieve the loss, and how and to whom others respond with sympathy and support. These norms exist not only as folkways, or informally expected behaviors, but also as "laws." More formal statements of these grieving rules can be illustrated by company policies that extend bereavement leave to certain individuals or by regulations and laws that define who has control of the deceased's body or funeral arrangements.

In the United States and many other societies, these grieving rules limit grief to the deaths of family members. When a family member dies, one is allowed and expected to grieve, often in a specified way.

Yet human beings exist in intimate networks that include both kin and non-kin. They harbor attachments to fellow humans, animals, and even places and things. Persons experience a wide range of losses—deaths, separations, divorces, and other changes or transitions. When these attachments are severed, be it by death or any other means, the individual grieves such losses in characteristic ways (e.g., Bowlby, 1980; Parkes, 1987). Individuals may experience, express, and adapt to loss in many ways, some outside of the grieving rules. In such situations, the personal experience of grief is discordant with the society's grieving rules. The person experiences a loss, but the resulting grief is unrecognized by others. The person has no socially accorded right to grieve that loss or to mourn it in that particular way. The grief is disenfranchised.

This chapter begins by exploring the nature of disenfranchised grief, then reviews the reasons grief is disenfranchised and describes examples and implications of disenfranchised grief. It concludes with a discussion of the challenges the concept poses for the study of grief and loss.

DISENFRANCHISEMENT OF GRIEF

Although grief may well be an inherent response to separation or loss, perhaps even shared by social animals other than humans (see Bowlby, 1980; Parkes, 1987), each society has grieving rules that define, and in some ways limit, the role of griever. In the United States and many other Western societies, grief is socially acknowledged, sanctioned, and supported when a family member dies.

Yet individuals experience a range of losses that are not death related. Divorce, relocation, the relinquishment of a child for adoption or foster care, the loss of a job, or incarceration are all examples of non-death-related losses that can be significant separations arousing grief. In addition, humans form attachments with a wide range of individuals—friends, coworkers, clergy, coaches, therapists, physicians and other health care workers, clients, and patients—just to name a few. Losses of these individuals, through death or other forms of separation, similarly stimulate grief. Human attachments go beyond relationships with people in our social and professional circles. We can become invested in dreams, grieving their demise. We form attachments to celebrities, even if we have never met them. We bond with animal companions. Even possessions can take on great significance and meaning in our lives. We may grieve the loss of property in a robbery, fire, flood, or other circumstance, especially if the property has great sentimental or monetary value.

All of these losses fall outside of society's grieving rules. All may be disenfranchised to a degree. Yet the central question remains, Why is grief disenfranchised? There are probably a number of reasons. First and foremost, in most Western societies, the family is the primary unit of social organization. Hence kin ties are clearly acknowledged in norms and laws. Although most individuals actually live their lives in intimate networks, or associations that include both kin and non-kin, only kin have legal standing.

Kammerman, both in chapter 25 of this book and in an earlier work (Kammerman, 1993), implies a latent function of these grieving rules. They strengthen the traditional family by denying recognition of relationships outside of the family, especially socially unsanctioned relationships, such as that of unmarried lovers, that might weaken the primacy of family relationship. Kammerman also suggests that perhaps there is a limited reservoir of social support. If the circle of grievers or the circumstances of grief were enlarged, less support might be available to the immediate family survivors.

Another principle of Western societies is rationality. That means that beyond the family, organizations such as businesses are expected to be organized along fair, functional, and rational lines. The grieving roles reflect that. As Kammerman (1993) observes, to extend grieving roles to non-death situations or to non-kin would create organizational burdens. Organizations would be forced to define levels of friendship or types of loss. They might be required to broaden bereavement leave, at considerable cost. Acknowledging the death of kin alone makes organizational sense. It recognizes the grief of kin when a family member dies, at least symbolically. By limiting the acknowledgment of loss to family members, organizations avoid confusion and potential abuse, affirming a single standard and eliminating the need to assess whether this loss or relationship is entitled to recognition. These policies then serve to reflect and project societal recognition and support, again reaffirming and sanctioning the familial relationship.

Organizational rules also point to another significant factor—the relationship of grieving rules to ritual. Mourning has been variously defined as both an intrapsychic and interpsychic process (see Martin & Doka, 1999; Rando, 1993). As an interpsychic process, mourning refers to the ways grief is socially acknowledged—for example, wearing mourning dress to signify the experience of a loss. Rituals that connote loss are critical to mourning. These rituals allow structure and support to the expression of grief. For example, Durkheim (1915) claimed that “mourning is not a natural movement of private feelings; it is a duty imposed by the group. One weeps, not simply because he is sad, but because he is forced to weep” (p. 443). In justifying the critical impor-

tance of social norms, Durkheim exaggerates. Yet he does contribute a central point—social expectations frame the experience of grief.

Pine (1989) stresses the critical role that funerals have in enfranchising grief. The funeral becomes the vehicle by which grief is acknowledged and sanctioned and in which support is extended. The primacy of a family at the funeral reaffirms that these survivors have experienced a loss and that their subsequent grief needs sanction, acknowledgment, and support. The rite of the funeral publicly testifies to the right to grieve.

There are, of course, other factors that influence grieving rules and thereby affect disenfranchisement. For example, the culture of counseling (see Martin & Doka, 1999; Sue & Sue, 1999) emphasizes affect. Persons who grieve in other ways may be accorded less than full recognition or support for their grief. Societies, too, may consider certain types of death as punitive, anxiety provoking, or embarrassing and therefore withhold full support (Doka & Davidson, 1998; Rando, 1993).

Naturally, in a diverse society, even the losses disenfranchised by society as a whole may be acknowledged within a smaller subculture. For example, the death of a same-sex lover may not be fully recognized by family or coworkers, but the grieving lover may be recognized and supported within the gay community (Eyetsemitan, 1998). As Eyetsemitan also notes, these grieving rules may change over time. Younger cohorts, for example, may be more supportive of the loss of an unmarried cohabiting couple. Then, too, grieving rules can differ among subcultural groups, whether defined by class, ethnicity, or another organizing factor (see Doka & Davidson, 1998; Eyetsemitan, 1998). Thus subcultures may mitigate the sense of disenfranchisement.

Naturally, this fact implies that grieving rules do differ between cultures. What is disenfranchised in one culture may be supported in another. In certain cultures, certain ways of grieving may be understood as valid expressions of grief, whereas in other cultures the same behaviors may be disdained as excessive or inappropriate. Similarly, relationships might be acknowledged in one culture and ignored in others. In Italian and Hispanic cultures, godparents are accorded great importance. Whether family or nonfamily members are selected as godparents, they are recognized as having a significant role in the life of a godchild. Should godchild or godparent die, grief would be expected. In other cultures, such a role may have only symbolic importance, one primarily limited to the time of baptism. This is just one example that reminds us that in each culture grieving rules will differ, defining for every culture what types of losses are, in fact, enfranchised. Yet the larger principle still holds: In every society, individuals may experience,

express, or adapt to a loss in ways at variance with the grieving rules. In such cases, their grief is disenfranchised.

TYPOLGY OF DISENFRANCHISED GRIEF

What types of losses are disenfranchised? In my original volume (Doka, 1989), I suggested three broad categories of loss. These categories were developed inductively and clinically—that is, certain types of cases suggested the following broad categories: lack of recognition of the relationship, lack of acknowledgment of the loss, and exclusion of the griever. Over time, I have added two additional categories, concerning the circumstances of the death and the ways individuals grieve.

The Relationship Is Not Recognized

As stated earlier, in our society most attention is placed on kin-based relationships and roles. Grief may be disenfranchised in those situations in which the relationship between the bereaved and deceased is not based on recognizable kin ties. The closeness of other non-kin relationships may simply not be understood or appreciated. For example, Folta and Deck (1976) noted, “While all of these studies tell us that grief is a normal phenomenon, the intensity of which corresponds to the closeness of the relationship, they fail to take this (i.e., friendship) into account. The underlying assumption is that closeness of relationships exists only among spouses and/or immediate kin” (p. 2239). The roles of lovers, friends, neighbors, foster parents, colleagues, in-laws, stepparents and stepchildren, caregivers, counselors, coworkers, and roommates (e.g., in nursing homes) may be long lasting and intensely interactive. But even though these relationships are recognized, mourners may not have the full opportunity to grieve such losses publicly. At most, they might be expected to support and assist family members.

Nor has the effect of new technology upon the experience of grief been considered. Although thanatologists have explored the role of the Internet in grief education and support (see Martin & Doka, 1999), the effect of this technology upon grief has been largely ignored. Yet many individuals maintain extensive contacts on the Internet, interacting with a range of individuals, developing Web-based friendships, and sharing intimacies. In such cases, the only indication of a loss may be unanswered e-mail or a cryptic “host unknown.” The Internet is likely to spawn grief as well as inform and support grievers.

Then there are relationships that may not be publicly recognized or socially sanctioned. For example, nontraditional relationships—such

as extramarital affairs, cohabitation of unmarried people, and homosexual relationships—have tenuous public acceptance and limited legal standing, and they face negative sanction within the larger community. Those involved in such relationships are touched by grief when the relationship is terminated by their partner's death. Others in their world, such as children, may also experience grief that cannot be acknowledged or socially supported.

Even those whose relationships existed primarily in the past may experience grief. Ex-spouses, past lovers, or former friends may have had limited contact. The death of the significant other can still cause a grief reaction because it brings finality to the earlier loss, ending any remaining contact or fantasy of reconciliation or reinvolvement. Again, the grief feelings these individuals experience may be shared by others in their world, such as parents and children. They, too, may mourn the loss of what once was and what might have been. For example, in one case a 12-year-old child of an unwed mother, never even acknowledged or seen by the father, mourned the death of his father because it ended any possibility of a future liaison. Even though loss is experienced, society as a whole may not perceive that the loss of a past relationship could or should cause grief reactions.

The Loss Is Not Acknowledged

In other cases, the loss is not socially defined as significant. Perinatal deaths lead to strong grief reactions, yet research indicates that many still perceive the loss to be relatively minor (Raphael, 1983). An abortion, too, can constitute a serious loss (Raphael, 1972), but the abortion can take place without the knowledge or sanction of others or even the recognition that a loss has occurred. It may very well be that the ideologies of the abortion controversy put the bereaved in a difficult position. Many who affirm a loss may not sanction the act of abortion, whereas some who sanction the act may minimize the sense of loss. Similarly, we are just becoming aware of the sense of loss that people experience in placing children for adoption or foster care (Raphael, 1983), and we have yet to explore the grief-related implications of surrogate motherhood. Another loss that may not be perceived as significant is the loss of a companion animal. Nevertheless, the research (Kay, Neiburg, Kutscher, Grey, & Fudin, 1984) shows strong ties between pets and humans, and profound reactions to loss.

Then there are cases in which the reality of the loss itself is not socially validated. Thanatologists have long recognized that significant losses can occur even when the object of the loss remains physically alive. Sudnow (1967), for example, discusses *social death*, in which the person is alive but is treated as if dead. Examples include those who are institutionalized or comatose. Similarly, *psychological death* has

been defined as resulting from conditions in which the person lacks a consciousness of existence (Kalish, 1966), such as is the case for someone who is medically brain-dead. One can also speak of *psycho-social death*, in which the persona of someone has changed so significantly—through mental illness, organic brain syndrome, or even significant personal transformation (e.g., recovery from addiction, religious conversion)—that others perceive the person as he or she previously existed as dead (Doka, 1985). In all of these cases, spouses and others may experience a profound sense of loss, but that loss cannot be publicly acknowledged, for the person is still biologically alive.

Rando (2000), in her exemplary work on anticipatory mourning, explores the range of losses that persons experience and mourn in life-threatening illness. Rando's point is that individuals do not simply mourn the fact that they, or someone they love, has a terminal disease and one day will die. Although that is part of their grief, they also mourn all the losses experienced along the way. I remember one friend whose husband died of amyotrophic lateral sclerosis (Lou Gehrig's disease). She told me once that even worse than the death was the loss of her husband's ability to speak. She grieved their inability to communicate, to discuss the affairs of life, once such a vital part of their relationship. In the same way, the secondary losses that follow a death—such as changes in lifestyle or other relationships—may also be mourned.

Secondary losses can be severe. One often-overlooked loss is the loss of a job. For some, a job can be a central peg of identity. In addition, the loss of a job may affect feelings of self-esteem or worth. It can cause severe financial distress, which seems to be a critical variable in the intensity of loss (Leana & Feldman, 1992), and it may involve other secondary losses, such as the loss of friendships, activities, even a sense of meaning and faith. Because work is so intertwined with life, these losses may reverberate to spouses and children as well. Grief reactions, naturally, can be intense.

Infertility, too, is another unrecognized loss. Infertility not only involves the loss of dreams, it may also entail losses of self-esteem and worth, perhaps affecting the relationship between spouses. Again, like other losses, it may challenge a sense of meaning and shake faith. Unlike other losses, it is caused not by an event but rather by a dawning awareness of the inability to have one's own biological child, which may later be confirmed by medical tests.

Both job loss and infertility are significant unrecognized losses of adulthood, losses that even may inhibit casual bonding. Often the first two questions that occur in casual encounters as individuals seek to relate to one another are, What do you do? and Do you have any children?

Many other types of loss exist, which, though profound, may nonetheless be unrecognized or invalidated. Some losses may be intangible. For example, a teenager aspiring to a sports career who is cut from a team or the parents of a child born with a developmental disability may experience a loss of dreams. Similarly, the loss of reputation due to scandal, gossip, or arrest can be devastating. These losses may even be quite subtle. Barra et al. (1993) documented that the loss of a religious identity due to changes in belief created a sense of grief in many respondents. Although these forms of loss may be intangible and subtle, they often can evoke intense grief.

Even transitions in life can have undercurrents of loss. Aging, for example, leads to constant developmental losses, or losses associated with different points of life. Even celebrating transitions such as a wedding or the birth of a child, however joyously anticipated, may have undercurrents of grief as individuals face secondary losses such as diminished independence, freedom, or autonomy.

The Griever Is Excluded

Finally, there are situations in which the characteristics of the bereaved in effect disenfranchise their grief. Here the person is not socially defined as capable of grief; therefore, there is little or no social recognition of his or her sense of loss or need to mourn. Despite evidence to the contrary, both the very old and the very young are typically perceived by others as having little comprehension of or reaction to the deaths of significant others. Often both elderly adults and young children are excluded from discussions and rituals concerning the loss (Raphael, 1983).

Similarly, persons with developmental disabilities or mental illnesses may also be disenfranchised in grief. Although studies affirm that people who are developmentally disabled are able to understand the concept of death (Lipe-Goodson & Goebel, 1983) and, in fact, experience grief (Edgerton, Bollinger, & Herr, 1984), these reactions may not be perceived by others. Because these people are developmentally disabled or mentally ill, others in the family may ignore their need to grieve. Here a teacher of persons with developmental disabilities describes two illustrative incidences:

In the first situation, Susie was 17 years old and away at summer camp when her father died. The family felt she wouldn't understand and that it would be better for her not to come for the funeral. In the other situation, Francine was with her mother when she got sick. The mother was taken away by ambulance. Nobody answered her questions or told her what happened. "After all," they responded, "she's retarded." (H. Goldstein, personal communication, January 10, 1988)

Circumstances of the Death

In my 1989 volume, I suggested that certain circumstances surrounding the death might disenfranchise grief. The nature of the death may constrain the solicitation of the bereaved for support as well as limit the support extended by others. For example, many survivors of a suicide loss often feel a sense of stigma, believing that others may negatively judge the family because of the suicide. Similarly, the stigma of AIDS may lead survivors of an AIDS-related loss to be circumspect in sharing the loss with others (see Doka, 1997). Here, survivors may fear responses such as isolation, judgment, or morbid curiosity. One parent wrote as follows:

My twin sons died of AIDS. Whenever someone finds this out, the first thing they do is ask, "How did they get it?" I guess they want to know if [my sons] used drugs or were gay. I just smile and say, "You know—the usual way."

Rando (1993) has further developed this idea. She asserts that deaths that provoke anxiety (e.g., suicide, mutilating loss, the death of a child) or embarrassment (e.g., death from autoerotic asphyxiation or homicide)—especially those that incur media notoriety or involve other family members—are likely to be disenfranchised. Other circumstances that minimize support occur in cases in which support is withheld punitively (e.g., when an individual is executed) or in which the deceased is otherwise devalued (e.g., the death of an alcoholic). Still another circumstance of death is suggested by the anonymous letter beginning on page 15. Here the very circumstances of loss, involving assisted suicide, impede the griever from fully exploring the dimensions of the loss.

Ways Individuals Grieve

The ways individuals grieve also can contribute to disenfranchisement. Martin and Doka (1999) suggest that there are different styles of grieving. Persons who grieve in a more intuitive way experience and express grief as deep feeling. Those who are more instrumental experience and express grief in ways that are more physical, cognitive, or behavioral. The counseling community tends to disenfranchise instrumental grievers as a result of their lack of strong affective response (see Martin & Doka, 2000; Sue & Sue, 1999). The larger community disenfranchises instrumental grievers early in the grieving process, when affective displays are expected, and intuitive grievers later in the grieving process, when affective responses are considered less appropriate (Martin & Doka, 2000). Certain cultural modes of expressing grief, such as stoicism or wailing, may fall beyond the grieving rules of a given society and thus be disenfranchising (Doka & Davidson, 1998).

Dear Ken,

I attended the workshop on grief that you presented in St. Paul on May 14 and was particularly interested, and moved, by the concept of disenfranchised grief. I have attended other workshops on this subject, but until now had not understood how important this concept is to fully understanding grief. You might remember that at the end of that workshop a man came up to you and said that he would like to write to you and that you might get an unsigned letter from some guy in Minnesota. I'm that guy. I drafted this letter in my mind several times over the last 6 months and finally decided to share it with you. It will become apparent why I feel that I must remain anonymous.

Two years ago, my mother passed away. Over the days and weeks that followed, there was the usual grief and sadness to work through, but what my sibs and I couldn't tell anyone was that mom ended her own life—and that we helped.

In 1994, Mom was diagnosed with a virulent form of breast cancer. The doctors were encouraging about treatment but candid about prognosis. Unless there was an advance in oncology research, she would not survive the cancer. She could expect 18 months to 2 years. I only saw her cry one time in the first few months. That was when she said that she hoped that her family would support her when she made the decision to give up the fight. And then she fought.

She toughed it out through surgery, weekly chemotherapy, radiation, and experimental treatments at the U of M. After 3 years and multiple hospitalizations, the disease and the brutal but time-giving treatments finally consumed her. The cancer had spread throughout her body—to her bones, major organs, around her neck, and across her chest and back. Only in the late stages did she need morphine for the pain. About the same time that the cancer began to erupt through her skin, it shut down one lung and left her with 25 percent capacity in the other. She told me that she hoped it wasn't God's plan for her to suffocate to death.

A few weeks, dependent on oxygen, when suffocation appeared to be His plan, she asked us how much morphine she would have to take to not wake up in the morning. We didn't know, and because assisted suicide is illegal, we couldn't get answers from the medical community. Left to books, the Internet, and shadowy phone calls, we pursued the information. It took us 3 more days to know whether she had enough morphine to free her soul.

My sibs agreed that we would not proceed until each of us could personally come to terms with what Mom was asking of us, and only after we all were sure that this was what she wanted. Each day, Mom reaffirmed her decision. During this time she also asked to see her lifelong minister. Her intentions caused him some professional anguish; she wanted his blessing.

Mom was very spiritual and was a member of her church for 50 years. The whole congregation had been there for her. After some discussion, the minister replied that he had admired her courage throughout the course of the disease and that he was at peace with her decision. He added that it was not his place to give her permission, but he could give her his prayers. On her

(continued)

last day on Earth, they prayed together. I never wanted to believe in Heaven more in my life.

I was next to Mom when she took her last breath, along with my sibs and three of her grandchildren. Suicide wasn't the cause of her death. It would be an inaccurate and unfair description. She didn't want to die; she had to die. Cancer tried to dictate the terms of her death. But in the end, Mom finally beat the cancer. She died on her own terms—at home, surrounded by her loved ones.

Our extended family came to know and affirm how Mom died. We had to let most everyone else believe that it was just an extraordinary coincidence that her entire family was at her side. There's enormous dissonance when you feel that you have to mislead friends about the truth—when you don't think you did anything wrong—when there is no shame or guilt.

The "normal grief" of losing a parent was further aggravated by a sense that there are some in society that would disapprove of her decision or feel it was improper or even criminal for us to assist. Some prosecutors might have a hard time overlooking it. In Minnesota it's a felony to assist in suicide, subject to 15 years in prison. I don't know that what we did fits a legal definition of "assist," but we supported her in the decision. It seems incongruous that we all might be part of a criminal conspiracy. Even though I don't think a jury would convict us, we don't want to have to defend ourselves in a court of law or even to the public.

Perhaps someday, if Congress doesn't try to protect us from ourselves, we'll be able to talk about it publicly. My siblings and their spouses are all highly educated, mostly professional people, respected in our fields and not used to being muted by controversy. At this time we don't want to be poster children for assisted suicide. Unlike Kevorkicide (can I coin a term?), it was a very private, very personal act of love and compassion. And I have come to understand that the resulting grief is disenfranchised.

I had to choke back tears during that part of your workshop. You helped me to better understand grief. I'll be more effective in my professional relationships for having lost my mother and for having attended your workshop. I've shared some of your concepts with my siblings and colleagues.

Perhaps someday I'll be able to share this extraordinary experience with others. Deciding when the time has come to close one's life is not the same as suicide, is not the result of depression, not evidence of mental illness, and not an indicator of mental incompetence. Perhaps sharing experiences like this will help our profession to understand that some people want a different kind of support at this juncture in life. If I said anything here that could help to illustrate disenfranchised grief, you're welcome to use it. Perhaps being able to say that you do not know the identity of the sender may make it less ethically complicated. Continue to spread the word. I hope you have a wonderful holiday and will take your grief workshops into the new millennium. Thanks.

—John, from Minneapolis

These examples and categories are meant to illustrate the many ways grief may be disenfranchised. They are not exhaustive. Neither are they exclusive. An individual's grief may be disenfranchised for a number of these reasons. For example, a foster parent experiencing the loss of a child returned to the biological parents may see grief disenfranchised because neither the relationship nor the loss is validated.

And, of course, this particular taxonomy draws examples attuned to contemporary Western culture. In other cultures, the relationships not recognized, losses not acknowledged, grievers excluded, circumstances in which the death occurs, or ways survivors grieve—all the factors that disenfranchise grief—may differ.

Nor is this the only taxonomy of disenfranchised grief. Corr, in an earlier article (1998) as well as in chapter 3 of this volume, offers another way to categorize disenfranchised grief. Corr approaches classification deductively, asking, What is disenfranchised in grief? He concludes that the state of bereavement, the experience of grief, and the process of mourning all can be disenfranchised.

SPECIAL PROBLEMS OF DISENFRANCHISED GRIEF

Although each of the types of grief mentioned earlier might create particular difficulties and different reactions, one can legitimately speak of the special problems shared in disenfranchised grief. The problem of disenfranchised grief can be expressed in a paradox: The very nature of disenfranchised grief creates additional problems for grievers while removing or minimizing their sources of support.

Disenfranchising grief may exacerbate the problem of bereavement in a number of ways. First, the situations mentioned tend to intensify emotional reactions. Many emotions are associated with normal grief. Bereaved persons frequently experience feelings of anger, guilt, sadness, depression, loneliness, hopelessness, and numbness (Lindemann 1944; Worden, 1991). These emotional reactions can be complicated when grief is disenfranchised. Although each of the situations described is in its own way unique, the literature uniformly reports how each of these disenfranchising circumstances can intensify feelings of anger, guilt, or powerlessness (e.g., Doka, 1985, 1986; Geis, Fuller, & Rush, 1986; Kelly, 1977; Miller & Roll, 1985; Peppers & Knapp, 1980).

Second, both ambivalent relationships and concurrent crises have been identified in the literature as conditions that complicate grief (Rando, 1984; Raphael, 1983; Worden, 1991). These conditions can often exist in many types of disenfranchised grief. For example, studies have pointed out the ambivalence that can exist in cases of abortion

(Raphael, 1972), between ex-spouses (Doka, 1986; Scott, 1985), in significant others in nontraditional roles (Doka, 1987; Horn, 1979), and among families of Alzheimer's disease victims (Doka, 1985). Similarly, the literature documents the many kinds of concurrent crises that can trouble the disenfranchised griever. For example, in cases of cohabiting couples, either heterosexual or homosexual, studies have often found that survivors experience legal and financial problems regarding inheritance, ownership, credit, or leases (e.g., Doka, 1987; Horn, 1979; Kimmel, 1978, 1979). Likewise, the death of a parent may leave a person who is mentally disabled not only bereaved but also bereft of a viable support system (Edgerton et al., 1984).

Although grief is complicated, many of the factors that facilitate mourning are not present. In death-related losses, the bereaved may be excluded from an active role in caring for the dying. Funeral rituals, normally helpful in resolving grief, may not help here. In some cases, the bereaved may be excluded from attendance. In other cases, they may have no role in planning those rituals or in deciding whether even to have them. In cases of divorce, separation, or psychosocial death, rituals may be lacking altogether.

In addition, the very nature of disenfranchised grief precludes social support. Often there is no recognized role in which mourners can assert the right to mourn and thus receive such support. Grief may have to remain private. Though they may have experienced an intense loss, they may not be given time off from work, have the opportunity to verbalize the loss, or receive the expressions of sympathy and support characteristic in a death. Even traditional sources of solace, such as religion, are unavailable to those whose relationships (e.g., extra-marital, cohabiting, homosexual, divorced) or acts (e.g., abortion) are condemned within those traditions.

Naturally, many variables will affect both the intensity of the grief reaction and the availability of support. All the variables—interpersonal, psychological, social, physiological—that normally influence grief will have an impact here as well. And although there are problems common to cases of disenfranchised grief, each relationship must be considered individually, in light of the unique combinations of factors that may facilitate or impair grief resolution.

CONCLUSION

Despite the shortage of research on and attention given to disenfranchised grief, it remains a significant issue. Millions of Americans are involved in losses in which grief is effectively disenfranchised. For example, there are more than 1 million couples presently cohabiting

(Reiss, 1980). There are estimates that 3 percent of males and 2 to 3 percent of females are exclusively homosexual, with similar percentages for bisexual encounters (Gagnon, 1977). There are about a million abortions a year; even though many of the women involved may not experience grief reactions, some are clearly at risk.

Disenfranchised grief is also a growing issue. There are higher percentages of divorced people in the cohorts now aging. The AIDS crisis means that more homosexuals will experience losses in their significant relationships. Even as the disease continues to spread within the population of intravenous drug users, it is likely to create a new class of victims and disenfranchised grievers among the victims' informal liaisons and nontraditional relationships. And as Americans continue to live longer, more will suffer from severe forms of chronic brain dysfunction (Atchley, 1985). As people with developmental disabilities live longer, they, too, will experience the grief of parental and sibling loss. In short, the proportion of disenfranchised grievers in the general population will increase rapidly in the future.

It is likely that bereavement counselors will have increased exposure to cases of disenfranchised grief. In fact, the very nature of disenfranchised grief and the unavailability of informal support make it likely that those who experience such losses will seek formal support. Thus there is a pressing need for research to describe the particular and unique reactions associated with each of the different types of losses; to compare reactions and problems associated with these losses; to assess possible interventions; and to discover the atypical grief reactions, such as masked or delayed grief, that might be manifested in such cases. Also needed is education sensitizing students to the many kinds of relationships and subsequent losses that people can experience and affirming that where there is loss, there is grief.

In many ways, the work on disenfranchised grief has been part of a larger challenge to understand the ways we experience loss. Certainly, this work has led to an increased sensitivity to the many situations and circumstances that create loss and evoke grief. Yet there is a danger here. The danger is that study may broaden the concept of loss to the extent that grief is trivialized and support lessened. This is Kamerman's (1993; chapter 25, this volume) caution: How can we offer support to every person affected by each circumstance of loss?

As the myriad circumstances of loss become more recognized, there is a pressing need for research that really describes the particular and unique responses to different types of losses; compares reactions, outcomes, and problems associated with these losses; assesses possible interventions; and describes the critical variables affecting each loss. Such research will provide a base from which to assess the

ways the grief of a spouse is different from and similar to the death of a lover or how the loss experienced through a death compares with the loss associated with a divorce—in other words, what common and unique issues arise. Such study will expand our understanding of grief and help us avoid trivializing loss. And, most critically, it will offer a foundation on which to acknowledge, assist, and enfranchise the disenfranchised.

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CHAPTER 2

A Closer Look at Doka's Grieving Rules

Sarah Brabant

The response of thanatologists to Doka's (1989) introduction of the concept *disenfranchised grief* was immediate and widespread. This enthusiasm, which has continued for more than a decade (Corr, 1998–1999), indicates the value of this new conceptual tool for both academics and clinicians engaged in grief-related work. As useful as this new concept has proven to be, the premise on which it rests may be even more important. Doka (1989) writes:

The concept of disenfranchised grief recognizes that societies have sets of norms—in effect, “grieving rules”—that attempt to specify who, when, where, how, how long, and for whom people should grieve. (p. 4)

The importance of rituals as socially approved means of expressing emotion associated with grief has long been recognized in the grief literature, and the impact of social and cultural factors on both grief and grief work is generally conceded. The notion of grieving rules, however, shifts the emphasis from social and cultural factors as vehicles through which grief can be expressed or as possible factors in complicating both grief and grief work to social and cultural factors as integral components of the grieving process itself. This shift in paradigm has both theoretical and clinical implications.

THEORETICAL IMPLICATIONS

There is a lack of conceptual consistency in primary concepts throughout the thanatological literature. This is particularly the case with the concept *mourning*, which may denote response to loss, expression of loss, public expression of loss, necessary work to resolve loss, or behavior required after loss. This confusion in definition occurs both within and among disciplines and reflects differences in theoretical perspective as well as differences in both the location and importance of social and cultural factors in the grief process.

A Psychological/Psychoanalytical Perspective

For Freud (1917/1949), mourning is “the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as fatherland, an ideal, and so on” (p. 153). Mourning continues until “the ego succeeds in freeing its libido from the lost object” (p. 163). The freeing of the libido is accomplished when the wish to survive overcomes the desire to cling to the deceased and requires both a period of time as well as “all the energies of the ego” (p. 166). As a result, there is no energy left for other interests or purposes until the “work of mourning” is completed.

Lindemann (1944) added a somatic component to Freud’s reaction to loss (he calls the overall reaction to loss *grief*) and introduced the concept *grief work* to describe specific steps that must be taken if a person is to be freed from the attachment to the deceased. In addition, he added the concept of “disintegration of the social system” (p. 147) to the consequences of bereavement and acknowledged the function of rituals to maintain the patient’s interaction with others. The term *mourner* is a synonym for one who grieves.

In another conceptual shift, Maris (1974) referred to grief as “the psychological process of adjustment to loss” and mourning as “the more or less conventional institutionalized expressions of grief” (p. 4). For Maris, grief includes specific emotional states that continue for a period of time. Culturally prescribed rituals or customs are the means through which these emotional states can be expressed.

Parkes and Weiss (1983) defined grief as “the overall reaction to loss” and mourning as the “observable expression of grief.” The expression of grief “signifies to others the distress of the grieving individual,” thus establishing “a social situation in which normal laws of competitive behavior are suspended” (p. 3). Additionally, these researchers noted that the death of one member of a social unit affects not only the other members of that unit but also the unit itself.

Not all theorists have used the term *mourning*. For Kübler-Ross (1982), the response to loss becomes problematic only when the natural emotions—fear, anger, grief [sadness], jealousy, and love—are distorted and thus difficult, often impossible, to experience fully. For Kübler-Ross, the source of emotional distortion can be traced to childhood experiences in which the child has not been allowed free emotional expression by adult caretakers. Grief (or growth) work involves getting in touch with and expressing the natural emotions.

Later researchers focused on the phases, or stages, of normal grief or sought explanations for prolonged or recurring grief (Brabant, 1989–1990). Factors thought to impede the orderly progression of the grieving process include relational factors, circumstantial factors, historical factors, personality factors, and social factors (Worden, 1991).

Regardless of the increased interest in both social and cultural considerations, the focus continued to be on the ego as a discrete psychic unit. Thus the social systems within which ego interacts with others and the culture that emerges out of and affects this interaction continued to be seen as external to ego.

Rando (1993) argued that the emphasis on extending the limits of normal grief tended to obscure the problematic or complicated mourning process experienced by many bereaved persons. Although she includes sociocultural and technological trends as risk factors that predispose an individual to complicated mourning, these factors remain peripheral ones. Her definition of mourning is of particular interest because it is a return to the Freudian definition. She writes:

Traditionally, mourning has been defined as the cultural and/or public display of grief through one's behaviors. This definition focuses on mourning as a vehicle for social communication. However, as defined in this book, the term follows the psychoanalytic tradition of focusing on intrapsychic work, expanding on it by including adaptive behaviors necessitated by the loss of the loved one. (p. 23)

Neimeyer (1998), however, questioned both the notion of sequential tasks as well as the end state of recovery. For him, the central process of grieving is the reconstruction of meaning. He writes:

I have tried to introduce the outlines of an emerging perspective on grief, one that stands in some contrast to traditional theories that focus on general stages, tasks, or symptoms that are presumed to have relevance to all bereaved persons. Instead, I have tried to place inflection on the extent to which adaptation to loss is shaped by personal, familial, and cultural factors that are too often marginalized in efforts to formalize and standardize our models. (p. 99)

I suggest that it is difficult not to marginalize social and cultural factors in any model that is rooted solely in a psychodynamic perspective. What is needed, then, is an additional perspective that will not permit this marginalization.

An Anthropological/Sociological Perspective

The impact of anthropological thought on the thanatological literature was both early and substantial, primarily through the work of Geoffrey Gorer (1955, 1965). His 1955 article on the "pornography of death" is often cited to describe the modern attitude toward death and the impact of this attitude on the grieving process. His contribution of the importance of rituals as a means through which grief can be publicly expressed is widely recognized. Indeed, Gorer's contributions to thanatology are so inculcated in the psychological and psychoanalytical literature that Worden (1991) refers to him as a psychiatrist.

Despite Gorer's influence, anthropology as a theoretical perspective is virtually ignored in the grief literature. This is unfortunate for at least three reasons:

1. Anthropology offers an extensive database that reveals the wide diversity in the ways different people grieve at both the individual and societal levels.
2. Anthropology offers a conceptualization of culture as a core concept rather than as a marginal variable.
3. Anthropology offers techniques for studying culture that have been refined through decades of fieldwork and academic discussion.

Even a cursory look at the anthropological literature affords a broad range of ways in which different societies cope with both the death of a member and the response of individuals to that death. A society may allow the bereaved to express feelings that ordinarily would not be acceptable, or it may require members to suppress expression. Particular members, however, may be required to express emotion. In this instance, the expression of emotion is not related to an individual's personal response to loss but is instead a duty imposed by the group. For example, Radcliffe-Brown (1922) noted that

the burial customs of the Adaman islanders . . . are not to be regarded as simply the expression of natural personal feeling. They are a collective and ritual expression of a collective feeling. This is evident from the fact that they are regulated in every detail by custom. It is the duty of the relatives and friends to mourn, whether they feel sorrow or not, and it is equally their duty to mourn only for a certain period. (pp. 285–286)

Culture, then, is more than just a vehicle for emotional expression or a peripheral factor that affects ego; it is the matrix within which human life takes place. Culture is not just an idea of what roles should be; it is the means to play them out (Bohannon, 1963). As Geertz (1973) notes:

Culture is not . . . something to which social events, behaviors, institutions, or processes can be causally attributed; it is a context, something within which [these events, behaviors, etc.] can be intelligibly—that is, thickly—described. (p. 14)

From an anthropological perspective, then, to marginalize culture in the grief process is to ignore the very milieu within which a loss is both perceived and grieved.

Culture is the core concept for the anthropologist. The primary focus for the sociologist is social interaction. For Durkheim (1915), mourning is made up of interdicts that relate to the belief that the dead

person is a sacred being. For example, one is "forbidden to pronounce the name of the dead, or to remain near the place where the death occurred; relatives, especially the female ones, must abstain from all communication with strangers" (p. 435). Mourning, however, is not limited to abstentions. "Positive acts are also demanded, in which the relatives are both the actors and those acted 'upon'" (p. 435). Durkheim continues:

Mourning is not a natural movement of private feelings wounded by a cruel loss; it is a duty imposed by the group. One weeps not simply because he is sad, but because he is forced to weep. It is a ritual attitude which he is forced to adopt out of respect for custom, but which is, in a large measure, independent of his affective state. Moreover, this obligation is sanctioned by mythical or social penalties. . . . If a relative does not mourn as is fitting, then the soul of the departed follows upon his steps and kills him. In other cases, society does not leave it to the religious forces to punish the negligent; it intervenes itself and reprimands the ritual faults. . . . If a son-in-law does not render to his father-in-law the funeral attentions which are due him . . . his tribal fathers-in-law take his wife away from him and give him another. (p. 443)

Durkheim does not ignore personal sorrow:

Not only do the relatives, who are effected [*sic*] the most directly, bring their own personal sorrow to the assembly, but the society exercises a moral pressure over its members to put their sentiments [feelings] in harmony with the situation. . . . An individual, in his turn, if he is strongly attached to the society of which he is a member, feels that he is morally held to participating in its sorrows and joys; not to be interested in them would be equivalent to breaking the bonds uniting him to the group. (p. 445)

This interplay between the individual and the group with respect to both cognition and emotion was of particular interest to Simmel (1950):

If one arranges psychological manifestations in a genetic and systematic hierarchy, one will certainly place, at its basis, feeling . . . rather than intellect. . . . Thus, the development of the intellect, more than anything else, reveals the lag of the social behind the individual level, whereas, the realm of feeling may show the opposite. (p. 35)

Simmel argued that feelings are intensified within the mass, that "the individual feels himself carried by the 'mood'" (p. 35), and that this cannot be explained in terms of either the individual or of the particular issue. In contrast, the impact of metropolitan life on the emotional life of the individual may cause him to "react with his head instead of his heart" (p. 410). With respect to trauma that affects the group as well as the individual, he writes the following:

When a society is going through circumstances which sadden, perplex or irritate it, it exercises a pressure over its members to make them bear witness by significant acts to their sorrow, perplexity or anger . . . to restore to the group the energy which circumstances threaten to take away from it. After the mourning is over the domestic group is re-calmed by the mourning itself; it regains confidence; the painful pressure which they felt exercised over them is relieved; they feel more at ease. (p. 459)

Goode (1951) lent insight into the possible conflict between the individual's response to a death and the individual's response as a participant in the collective:

All the daily expectations of action, sentiment, and thought are frustrated, and the emotional props based on the loved one are gone. The solidarity of the family has been temporarily broken by the removal of an integral part, and the collective mourning and ritual serve to realign the unity in an emotionally satisfactory and socially approved manner. This is not so completely true of living members who may also be motivated in this direction to the extent that they are adequately socialized, but whose own physiological, intensely individual or immediate drives precipitate conflict with those mores from time to time. (p. 186)

For each of these sociologists, the collective response and the individual's response to loss are inextricably interwoven. The individual grieves as an individual; he or she also grieves as a member of a social system.

Although these early sociologists are rarely, if ever, cited in the thanatological literature, a number of sociologists have made major contributions. Doka, of course, is one. Others include Glaser and Strauss (1964), who introduced the concept *awareness contexts* to explain differences and changes in communication with dying patients; Pine (Pine & Phillips, 1970), who initiated the research on the funeral industry; and Fulton and Bendiksen (1976), who made major contributions in both the areas of meaning of death and the relationship between bereavement and subsequent behavior. For the most part, however, sociologists have concentrated on organizational structure, roles, and social processes and have left the emotional aspect of death and bereavement to the psychologists and psychiatrists. Whether this is due to public policy (e.g., the control of licensure precludes most sociologists from clinical practice) or the training common to the discipline itself (e.g., focus on research), sociologists have for the most part been theorists, researchers, and educators and have left the emotional realm to other disciplines.

Charmaz (1980) and Stephenson (1985) represent important exceptions. Charmaz argues that the cultural impact on grief has been

limited to the expectations that certain persons should feel grief and that this grief should be expressed and worked through. She writes as follows:

Culture does not simply give rise to the patterned ways of handling grief, but instead implies that the subjective interpretation of cultural meaning in conjunction with the backlog of personal experiences of the bereaved give rise to the very feelings that are defined as "grief." (p. 281)

Stephenson notes that popular psychological thinking tends to put the entire responsibility for grieving on the individual and warns that this approach implies a naive and even dangerous approach to the impact of the social milieu. Although neither Stephenson nor Charmaz refers to "grieving rules," both assert that the norms govern *what* one feels as well as the *way* in which one is allowed to express this feeling. Both have called for a shift in paradigm from a psychodynamic model of grief to a more sociological one. More recently, some psychologically oriented thanatologists (e.g., Silverman, 1998; Wolfelt, 1998) have challenged the traditional perspective as well. Neimeyer (1998) writes the following:

I do not believe that the bereaved passively negotiate a train of psychological transitions forced upon them by external events. I cannot endorse the implication that a normative pattern of grieving can be prescriptive or diagnostic, and that deviations from such a course are to be considered "abnormal" or "pathological." More subtly, I would question whether emotional responses should be considered the primary focus of our grief theories to the exclusion or minimization of behavior and meaning. And finally, I have doubts about the individualistic bias of traditional theories of bereavement, which tend to construe grief as an entirely private act, experienced outside the context of human relatedness. (pp. 84-85)

I suggest that it is within a climate of discontent with traditional models that Doka's conceptualization of disenfranchised grief has been so enthusiastically received. Doka's concept does not rest on the notion of an ego that exists as an entity apart from other entities—one that may be affected by a number of factors, including social and cultural ones, yet remains in effect a discrete unit. In contrast, Doka's concept comes out of a tradition that perceives the individual person as *who* he or she is *because* of interactions with others. These interactions include both the actual interactions and the cultural expectations regarding these interactions. This approach is rooted in an anthropological/sociological explanation of human behavior, and it is within this perspective that the importance of both cultural and social factors can be fully considered.

The inconsistent use of the term *mourning* reflects the confusion that results when cultural and social factors are considered solely from a psychodynamic perspective. For Freud, mourning is "the reaction to the loss" (1917/1949, p. 153). The work of mourning must be carried out so that the individual can detach from the deceased. For Maris (1974), mourning consists of "customs [that] symbolize the stages of grief" (p. 30). For Parkes and Weiss (1983), mourning refers to "the observable reaction to loss" (p. 2). For Worden (1991), mourning is "the adaptation to loss . . . that involves tasks" (p. 11). Thus for some mourning is a response; for others it is the expression of that response; and for yet others it is the work needed to resolve the initial response. Social and cultural factors may be assets or barriers to both response and work, but they are not considered the means through which the loss is defined, expressed, and worked through.

Because of the confusion among loss, response to loss, necessary work to incorporate that loss (the loss no longer controls), and the expectations of both the bereaved and others with respect to each of these dimensions of grief (the sociocultural dimension), in *Mending the Torn Fabric* (Brabant, 1996), I rejected the more traditional three-dimensional model of grief in which social and cultural factors are relegated to an auxiliary position. Instead, I suggested four components of the grieving process: bereavement, grief, grief work, and mourning. Bereavement is a loss; grief is the response to that loss. Grief work is the work that must be accomplished in order to move through the pain associated with the loss. Mourning consists of social expectations as well as cultural definitions and rules that tell us how important our loss is; whether we have the right to grieve; and, if so, how much, how long, and in what ways we can and should do so. Gilbert's (1998) reaction to my conceptualization of mourning illustrates a fundamental difference between the traditional psychological/psychoanalytical approach to grief and an approach that includes a clearly delineated anthropological/sociological dimension. Gilbert responded with this statement:

The author has erred in her definition of mourning. If and how we mourn are again influenced by many things, including culture. Mourning is what I elect to do or not do. It is my coming out with my feelings. . . . Society may place expectations on me and may actively seek to disrupt my grief journey. But it does not direct my mourning; I must and can make these choices myself. (p. 57)

For the anthropologist/sociologist, culture is not just one of many factors. It is the very milieu within which social interaction takes place, and it is through the interactions that transpire within this milieu that one becomes the person who will make choices. It is the unique individual who chooses, but these choices are made within a social and

cultural setting. Doka's example of the gay man whose partner dies of AIDS provides an example. This man can choose to express his grief publicly, but at what economic, social, psychic, emotional, and possibly physical cost? Given these costs, does he, in fact, have a choice? I suggest that he does not. Indeed, he may have so inculcated the cultural homophobia that he has come to believe that he has no right to feel the pain, much less express it. He may even come to loathe himself for feeling pain. In other words, as a result of grieving rules, he may be compelled to hide his feelings; he may not even allow himself to feel his feelings.

What, then, are grieving rules? Doka (1989) defines them as "sets of norms . . . that attempt to specify who, when, where, how, how long, and for whom people should grieve" (p. 4). I wish that he had left out the words *attempt to*. Grieving rules are part of the normative order. People may attempt to do or not do one thing or another, and/or they may attempt to force others to do or not do one thing or another. These are examples of human behavior. Norms, on the other hand, are guidelines for human behavior that emerge out of human interaction. They define our expectations for our own behavior as well as our expectations for the responses of others to that behavior. As such, norms become part of the cultural context within which further interaction takes place.

Norms may be recognized by an individual as the appropriate way of behaving, thinking, and feeling in a particular situation. Norms also may be internalized by the individual and thus be considered the "normal" way of behaving, thinking, and feeling. The individual, then, may attempt to conform to the norms, to violate the norms, or to force others to conform or to violate the norms. Norms, however, do not *do* anything. They are guidelines for what to think or not think, what to do or not do, and what to feel or not feel. Norms can change through human interaction, but they cannot be changed by an individual. The individual may adhere to these guidelines or violate them; he or she cannot simply do away with them, because they belong to the group, not to the individual.

The terms *folkway* and *mos* (singular of *mores*) refer to the strength of a given norm. Folkways are "durable, standardized practices regarded as obligatory in the proper situation, but not absolutely obligatory" (Davis, 1948, p. 57). To violate a folkway may invoke gossip or ridicule from others. Excuses for the violation, however, are generally readily accepted. In contrast, mores are taken much more seriously: "There is a greater feeling of horror about violating a mos, a greater unwillingness to see it violated" (p. 59). As a result, we are more likely to internalize mores than folkways. Thus the violation of a

mos affects our deepest thoughts and feelings about who we are (i.e., our self-worth).

Norms, then, are the “shoulds” and “should nots” that govern any interaction. They govern what we think we should do, think, and feel and what we have a right to expect others will do, think, and feel. Although norms have been associated primarily with behavior, sociologists have long recognized that the interplay among the individual, the individual as group participant, and the group as an entity with a life of its own extends to emotions as well. The recent emergence of the sociology of emotions provides new insight into the interplay between individual emotion and emotion with respect to social systems and culture. There is a consensus that at least some emotions and some emotional arousal are learned and thus governed by norms. Human emotions are also “objectified in culture and reproduced in culture-meaning institutions” (Denzin, 1990, p. 107).

The concept *expression rules* is generally attributed to Erving Goffman (1956, 1969). These are rules that relate to the displaying or masking of feelings. The concept *feeling rules* can be traced to the work of Hochschild (1979, 1983, 1990). In contrast to expression rules, feeling rules tell us how we should try to feel. These rules include not only the appropriate emotion that should be felt in a given context but the appropriate intensity and duration as well (Hochschild, 1979). As with expression rules, feeling rules are not simple yes-no norms. Instead, they provide “zoning regulations that demarcate how much a given feeling, held in a given way, is crazy, unusual but understandable, normal, inappropriate, or almost inappropriate for a given social context” (Hochschild, 1990, p. 122). For Hochschild, *emotion work* is “the emotion management we do in private life” (1990, p. 118). Feeling rules are what “guide emotion work by establishing the sense of entitlement or obligation that governs emotional exchange” (1983, p. 56). In contrast, *emotional labor* is “the emotion management we do for a wage” (1990, p. 118). Thus feeling rules may be a matter negotiated with another person in private, or they may be required as a means of employment—for example, bureaucracy’s handbook. Hochschild also suggests that

there are probably cross-cultural variations in the formation of different types of tension in the leeway that exists between what we *do* feel and what we *expect* to feel, between what we *expect* to feel and what we *want* to feel, between what we *think we should* feel and what we *expect* to feel. (1983, p. 251)

Using both anthropological and sociological perspectives as guides, we can enlarge Doka’s definition of grieving rules to include norms that tell us whether we should or even have the right to grieve; how much we should grieve; how we should grieve with respect to our

behavior, our thoughts, and our emotions; where and with whom we should or may grieve; what we should do to resolve the loss; what recovery entails; and how long recovery should take. If particular grieving rules are mores, they constitute the moral way to define and respond and leave little, if any, leeway to the individual if he or she is to continue both socially and psychically in the group. If grieving rules are folkways, the bereaved has greater latitude. Because grieving rules emerge out of human interaction, they may vary widely from group to group within a society as well as from society to society. It is also important to note that norms are not simply external guidelines; they also become part of the self-identity as a result of socialization. The individual cannot ignore these guidelines because they are now a part of who he or she is. The following analogy may help.

From the psychodynamic perspective, norms are like furniture in a room.¹ A person is in a particular room and wishes to sit down. The person may choose to sit in a chair or on the floor, or choose to leave the room and find another chair, or simply leave the room. An inability to choose indicates a psychological problem within the individual. From an anthropological/sociological perspective, the person, the room, and the use of the furniture cannot be separated. If the person leaves the room, he or she is no longer the individual who once occupied the room.

The concept *mourning* is apparently entrenched in the grief literature as either ego's response to loss, the expression of ego's response, or the behavior in which ego engages to meet the challenges imposed on the person by the loss. Even though it is generally assumed that mourning is affected by both society and culture, the concept is so rooted in the psychodynamic perspective that the full import of both culture and social interaction on the bereaved person is either obscured or lost. The introduction of grieving rules, with the underlying assumption of a social (rather than only a psychic) self, allows the interplay of social interaction, social system, and culture to be considered in conjunction with the intrapsychic processes and not just as adjunct factors.

CLINICAL IMPLICATIONS

Doka's introduction of grieving rules to the literature has clinical as well as theoretical implications. In the psychodynamic approach, the individual is primarily focused on the loss of another. The task, then, is to cope with, deal with, grapple with this loss in such a way that the loss is incorporated into one's cognitive life. Only then can the bereaved begin to focus on the here and now rather than on what was or might have been. There may be stumbling blocks that complicate this process, but it is the individual who can and must take responsibility for removing

these barriers. When this is accomplished, the grieving process will continue in an orderly fashion. To fail to do so indicates a problem that may require professional help.

The addition of an anthropological/sociological perspective offers the possibility that at least some obstacles lie outside of the individual's control. If the person's emotional response is in conflict with group norms, he or she can refuse to comply with the group norms; he or she cannot choose to do away with them. An example of an obstacle outside of the individual's control is the set of norms that governs the feelings that are appropriate for holiday celebrations (Brabant, Forsyth, & McFarlain, 1995). One is supposed to be happy on such occasions. To fail to be happy or to cause others to be unhappy or even uncomfortable is not acceptable. Thus family members may tell a parent who has lost a child that his or her sad face will ruin the holiday meal. Note that others in this case are part of a social system and not individuals. The tacit, and sometimes expressed, request is to refrain from any emotional expression, speech, or behavior that brings attention either to death in general or to the deceased child specifically. In Goffman's (1971) terminology, the deceased child becomes an "uninvited guest." The bereaved parent cannot simply ignore the request or command. He or she can, of course, refuse to attend the dinner. This, however, may result in strained or even severed ties with a social system that is important for both self-identity and social support. The parent can attend the dinner and not comply with the request. To do so, however, is to violate the grieving rules of that group (e.g., one does not express grief at occasions dedicated to celebration of community) and thus invite criticism or even ostracism from the group. The parent can attend the dinner and comply with the request, but the consequence of this action results in the parent's abandoning his or her deceased child. After all, other parents are bringing their children, and the bereaved parent is asked to ignore his or her child. None of these options is without cost.

The psychodynamic approach alone cannot help this parent because this is not an ego-oriented problem; it is a sociocultural one. When feeling rules are considered, however, the bereaved parent can then choose which of the consequences associated with compliance or noncompliance is least damaging and explore ways in which damage control can be effected. But it is the bereaved person who must define the problem and identify what is appropriate for him or her, not the clinician. The clinician's social and cultural experience is irrelevant. This is important from the standpoint of the bereaved person's relationship with both the living and the deceased. Thus a new therapeutic approach is needed.

Many clinicians employ the Gestalt empty-chair technique with bereaved persons. It is typical to ask the person what the person wishes he or she had said or now wants to say to the deceased. It is important also to include the grieving rules. This can be done by asking what the person thinks he or she should have said, or should want to say, or what the deceased should have said. Both behavior and emotion can be discussed within the same framework: What should you have felt or done? What do you think others think you should have felt or done? Beliefs can be included as well: Is grief something that should be experienced, or is it something that should be mastered? By inquiring what the bereaved person thinks and what the person thinks others think, the clinician is able to identify at least some of the grieving rules that govern the bereaved person.

The second implication of grieving rules involves the clinician himself or herself. Traditionally, the clinician has been guided by professional criteria. With respect to grief, Worden (1991) writes that *clinical* defines what the clinician calls normal mourning behavior, whereas *statistical* refers to the frequency with which a behavior is found among a randomized bereaved population. This distinction, with its notions of normality and abnormality, supports a gatekeeper mentality with respect to the appropriateness and inappropriateness of emotion.²

In contrast, Neimeyer (1998) argues that the traditional models of grieving assume a universal response to loss, an assumption that is unwarranted. He writes:

Innovating upon culturally available systems of belief, individuals construct permeable, provisional meaning structures that help them interpret experiences, coordinate their relationships with others, and organize their actions toward personally significant goals. (p. 110)

As a result, he suggests that clinicians "approach bereaved persons from a position of 'not knowing' rather than presumed understanding, necessitating means of accessing each bereaved person's unique experience without imposition of 'expert' knowledge" (p. 111).

Although this argument, along with the issues of qualitative versus quantitative research that often accompany it, is relatively new to thanatology, it is an old one for anthropologists because it parallels the etic/emic debate (see Harris, 1968, pp. 568–604). Some anthropologists, for example, argued the need to introduce the statistical survey (Harris, 1968). Others noted the need for "seeing things from the native's point of view" (Geertz, 1983). Modern ethnography includes analysis on both the anthropologist's terms and the native's terms (Basso, 1970).

Finally, bereavement clinicians have long recognized the professional's need to become aware of his or her own grief issues. The

introduction of grieving rules mandates that clinicians also become aware of their own cultural prescriptions. Bohannan (1963) issues the following warning:

It all comes, in the long run, to a necessity for more and more Americans to learn to look into themselves and into the basic assumptions of their culture. Socioanalysis is probably as difficult as psychoanalysis. The difficulty is multiplied when we realize that, as in some cases of psychic adjustment, we are dealing with types of social adjustment to which we have grown emotionally attached, and for which we have a high cathectic regard. We want to stand by our idiosyncratic social adjustments no matter what effect those particular adjustments may have in the greater social, cultural, or psychic unit. (p. 398)

This socioanalysis includes not only our grieving rules about behaviors and emotions but also our beliefs about death and grief in general. Included in the latter are our theories about the grief process itself. For example, Klass (1981–1982) suggests that Kübler-Ross's five-stage model was adopted so readily "because it was assimilated into a strong tradition of symbols in the culture" (p. 241). He writes:

The tradition is the cultivation of the personal, subjective, emotional sphere of human life as opposed to the public, objective, rational and economically based sphere of human life. The tradition of symbols of the private sphere began as a feminine reaction to the masculine dominated world of organized technology. I will suggest that the basic thrust of Kübler-Ross's work was not an encounter with dying and grieving, but the creation of a symbol by which those in the tradition of the personal sphere could fight the attempt to control death by the organized technology of the modern medical system. (pp. 241–242)

If our theoretical perspectives are culturally derived, it is even more important that thanatologists cross disciplines in order to achieve a better understanding of bereavement. Such an undertaking can provide additional conceptual tools and techniques already honed through years of research and discussion, as well as a broader framework within which to explore the grieving process. Doka has provided a bridge across disciplines with his introduction of grieving rules.

NOTES

¹ I am indebted to Wilmer MacNair for this analogy.

² I am indebted to Robert Gramling for this idea.

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